



Senate

General Assembly

File No. 243

February Session, 2004

Substitute Senate Bill No. 469

Senate, March 24, 2004

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING MANDATORY LIMITS ON OVERTIME IN HOSPITALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2004*) (a) As used in this
2 section:

3 (1) "Nurse" means a registered nurse or a practical nurse licensed
4 pursuant to chapter 378 of the general statutes, a nurse's aide
5 registered pursuant to chapter 378a of the general statutes or a
6 physician assistant licensed pursuant to section 20-12b of the general
7 statutes; and

8 (2) "Hospital" shall have the same meaning as set forth in section
9 19a-490 of the general statutes, as amended.

10 (b) No hospital may require a nurse to work in excess of a
11 predetermined scheduled work shift, provided such scheduled work
12 shift is determined and promulgated not less than forty-eight hours

13 prior to the commencement of such scheduled work shift. Any nurse
14 may volunteer or agree to work hours in addition to such scheduled
15 work shift but the refusal by a nurse to accept such additional hours
16 shall not be grounds for discrimination, dismissal, discharge or any
17 other penalty or employment decision adverse to the nurse.

18 (c) The provisions of this section shall not apply: (1) To any nurse
19 participating in a surgical procedure until such procedure is
20 completed; (2) to any nurse working in a critical care unit until such
21 nurse is relieved by another nurse who is commencing a scheduled
22 work shift; (3) in the case of a public health emergency; or (4) in the
23 case of an institutional emergency, including, but not limited to,
24 adverse weather conditions, catastrophe or widespread illness, that in
25 the opinion of the hospital administrator will significantly reduce the
26 number of nurses available for a scheduled work shift, provided the
27 hospital administrator has made a good faith effort to mitigate the
28 impact of such institutional emergency on the availability of nurses,
29 unless a collective bargaining agreement provides otherwise.

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| This act shall take effect as follows: | |
| Section 1 | <i>October 1, 2004</i> |

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill will result in no additional cost to the state. The bill's provisions on overtime restrictions will not impact the state facilities identified due to current practice (and collective bargaining provisions). In addition, it is anticipated that any activity incurred by the Department of Labor due to the overtime provision and resulting complaints, will be minimal and not require additional resources.

OLR Bill Analysis

sSB 469

AN ACT CONCERNING MANDATORY LIMITS ON OVERTIME IN HOSPITALS**SUMMARY:**

This bill prohibits registered and licensed practical nurses, nurse's aides, and physician assistants (see COMMENT) from being required to work additional hours in hospitals beyond what is scheduled, except under certain conditions. Under the bill, hospitals cannot require such employees to work beyond a predetermined work shift schedule, if that schedule was set at least 48 hours before the start of the work shift. An individual can volunteer or agree to work additional hours, but refusal to do so cannot be grounds for dismissal, discrimination, discharge, or any other penalty or adverse employment decision.

Under the bill, the prohibition on additional work hours does not apply to (1) an employee participating in surgery until the surgery is completed; (2) an employee working in a critical care unit until another employee beginning a scheduled work shift relieves him; (3) a public health emergency; or (4) an institutional emergency, such as adverse weather, catastrophe, or widespread illness, that the hospital administrator believes will significantly reduce the number of nurses available for a scheduled work shift. The administrator must make a good faith effort to mitigate the impact of this emergency situation on the availability of such employees, unless a collective bargaining agreement provides otherwise.

EFFECTIVE DATE: October 1, 2004

COMMENT***Definition of "Nurse"***

The bill includes "physician assistant" in its definition of nurse. A physician assistant is not a nurse and is licensed separately under CGS §§ 20-12a to 20-12h.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 22 Nay 0